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Bib Data Sheet

CONFIRMATION NO. 8099

SERIAL NUMBER 09/384,650	FILING DATE 08/27/1999 RULE	CLASS 221	GROUP ART UNIT 3653	ATTORNEY DOCKET NO. D-1079-DIV	
APPLICANTS JAMES A. MICHAEL, CRANBERRY TOWNSHIP, PA; DAVID T. FREDERICK, NORTH HUNTINGTON, PA; H. THOMAS GRAEF, BOLIVAR, OH; ** CONTINUING DATA ***** This application is a DIV of 08/879,997 06/20/1997 PAT 6,019,249 and claims benefit of 60/045,137 04/30/1997 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/13/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY PA	SHEETS DRAWING 18	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
ADDRESS 28995 RALPH E. JOCKE 231 SOUTH BROADWAY MEDINA , OH 44256					
TITLE APPARATUS FOR DISPENSING MEDICAL ITEMS					
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		

SERIAL NUMBER 09/384,650	FILING DATE 08/27/99	CLASS 221	GROUP ART UNIT 3651	ATTORNEY DOCKET NO. D-1079-DIV
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APPLICANT

JAMES A. MICHAEL, CRANBERRY TOWNSHIP, PA; DAVID T. FREDERICK,
NORTH HUNTINGTON, PA; H. THOMAS GRAEF, BOLIVAR, OH.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/045,137 04/30/97 W Park 221/197

DIV 08/ 879,997 filed 6-20-97

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/13/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 18	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

RALPH E JOCKE
231 SOUTH BROADWAY
MEDINA OH 44256

TITLE

~~APPARATUS FOR DISPENSING MEDICAL ITEMS~~ METHOD FOR DISPENSING MEDICAL ITEMS

FILING FEE RECEIVED \$892	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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